

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/019501**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		2		2		
6		2		2		
7		2		2		
8		(1)		4		
9	1		1			
10		1		1		
11		2		2		
12	1		1			
13		1		1		
14	1		1			
15		1		1		
16			1			
17				1		
18				1		
19				1		
20				2		
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TOTAL IND.	4		14		5	
TOTAL DEP.	15		18		28	
TOTAL CLAIMS	19		32		33	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS